

Case Number:	CM14-0107033		
Date Assigned:	08/01/2014	Date of Injury:	12/22/2011
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 39-year-old female who reported an injury on 12/12/2011 from an unspecified cause of injury. The injured worker had a history of right shoulder pain and left knee stiffness, with a diagnoses of cervical strain, neuroforaminal stenosis, multilevel disc herniation's, degenerative disc disease, lower shoulder pain, disc herniation's and degenerative disc disease at the lumbar spine, multilevel of radiculitis to the right lower extremity. Status post left knee arthroscopy and a right shoulder status post arthroscopy. The objective findings dated 05/30/2014 to the lumbar spine revealed positive tenderness at the par lumbar musculature, motor strength 5/5 to bilateral lower extremities, deep tendon reflexes 2+ bilaterally at the knees and ankles, range of motion to the lumbar spine revealed 60 degrees with pain, the extension is 30 degrees with pain. The objective findings dated 05/30/2014 to the upper extremity revealed a well healed scar to the right shoulder with a positive AC joint compression test, and a positive cross over test, restricted abduction at a 4 to 5. The left shoulder revealed a positive Neer's test, positive Hawkins's test and positive greater tuberosity tenderness. The objective findings to the left knee revealed a well healed scar, a positive diffused tenderness, and 5/5 motor strength. The objective findings of the right knee revealed a positive effusion, positive crepitus, positive medial joint line tenderness, 5/5 motor strength. The medications included Diclofenac ER, 100 mg, Gastritis Prophylaxis, Tramadol ER 150 mg. No VAS scale provided. The treatment plan included authorization for epidural steroid injections times 2, physical therapy, medications and follow-up in 1 month. The rationale was not provided. The Request for Authorization form had no date provided and was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LESI(Lumbar epidural steroid injection) L5 S1 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Low Back Chapter Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for Lumbar epidural steroid at the L5-S1 times 2 is not medically necessary. The California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Per the documentation provided there were no diagnostic studies indicating that the injured worker had neuropathy. The injured worker did not indicate at the visit that she had any pain or no subjective complaints of lumbar pain. The objective findings for the lumbar spine were normal. The documentation did not address the injured worker's pain level as such, the request is not medically necessary.

Physical Therapy 3 x 6 Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-98.

Decision rationale: The request for physical therapy 3 times 6 lumbar is not medically necessary. The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Per the documentation provided there were no diagnostic studies indicating that the injured worker had neuropathy. The injured worker did not indicate at the visit that she had any pain or no suggestive complaints of lumbar pain. The objective findings for the lumbar spine were normal.

The documentation did not provide if the injured worker had had prior physical therapy. As such, the request is not medically necessary.